

STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee PIPER GRIFFIN CAMPAIGN FUND P O BOX 51886 N O, LA 70151	2. Date of this Statement <div style="text-align: right;">1/7/2003</div>	Report Number: 6515 Date Filed: 1/28/2004
	3. Estimated Membership <div style="text-align: right;">0</div>	
Check If: New Committee <input checked="" type="checkbox"/>	4. Amended Statement? <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between; font-size: small;"> a. <u>Name</u> b. <u>Position</u> c. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;"> Chairperson <div style="display: flex; justify-content: space-around;"> <div>MARY W GREEN</div> <div>Treasurer</div> <div>717 ROBERT ST NEW ORLEANS, LA 70115-1542</div> </div> </div>		
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between; font-size: small;"> a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee </div>		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <div style="display: flex; justify-content: space-between; font-size: small;"> a. <u>Name</u> b. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee		
b. Name of Candidate PIPER D GRIFFIN	c. Office Sought by the Candidate JUDGE CIVIL DISTRICT COURT ORLEANS PARISH I	
9. a. Name of Person Preparing Report b. Daytime Telephone		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>28th</u> day of <u>January</u> , <u>2004</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>BEVERLY D SMITH</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>504-822-6377</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>MARY W GREEN</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> <u>504-289-2851</u> Daytime Telephone </div> </div>		

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

LIBERTY BANK & TRUST

b. Address

P O BOX 60131
NEW ORLEANS, LA 70160-0131